

APR 28 2006

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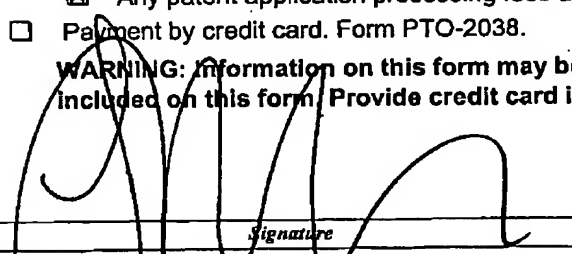

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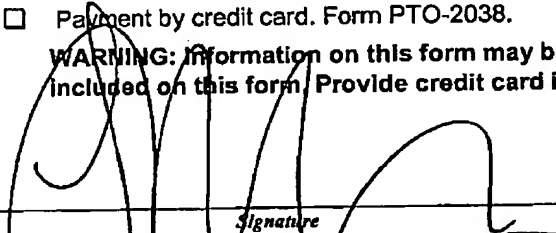

To: PTO - Group Art Unit 3661 Date: 04-28-06Firm: MacMillan, Sobanski & Todd, LLCCity: Toledo State: OH Zip Code: 43604Fax No.: 571-273-8300From: Thedford I. HitafterTotal pages including cover page: 10Comments: Serial No. 10/691,477 filed October 22, 2003
Amendment

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 1-24390	
Applicant(s): Wayne T. Mansell et al.						
Application No. 10/691,477	Filing Date October 22, 2003	Examiner D. Tran	Customer No. 04859	Group Art Unit 3661	Confirmation No. 5033	
Invention: PERSONAL MOBILITY VEHICLE CONTROL SYSTEM WITH INPUT FUNCTIONS PROGRAMMABLY MAPPED TO OUTPUT FUNCTIONS					RECEIVED CENTRAL FAX CENTER APR 28 2006	
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-0005 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Theodora I. Hittner - Reg. No. 36,490 MacMillan, Sobanski & Todd, LLC One Maritime Plaza, Fourth Floor 720 Water Street Toledo, Ohio 43604-1853 (419) 255-5900			Dated: April 28, 2006 <div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p style="text-align: center;">April 28, 2006 (Date)</p> <p style="text-align: center;"> Signature of Person Mailing Correspondence</p> <p style="text-align: center;">Wanda J. Lawrence Typed or Printed Name of Person Mailing Correspondence</p> </div>			
CC:						

P11LARGE/REV09

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Invention: PERSONAL MOBILITY VEHICLE CONTROL SYSTEM WITH INPUT FUNCTIONS PROGRAMMABLY MAPPED TO OUTPUT FUNCTIONS						
COMMISSIONER FOR PATENTS:					DUPLICATE	
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-0005 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Thedford I. Hittler - Reg. No. 36,490 MacMillan, Sobanski & Todd, LLC One Maritime Plaza, Fourth Floor 720 Water Street Toledo, Ohio 43604-1853 (419) 255-6900			Dated: April 28, 2006 <div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p style="text-align: center;">April 28, 2006 (Date)</p> <p style="text-align: center;"> Signature of Person Mailing Correspondence</p> <p style="text-align: center;">Wanda J. Lawrence Typed or Printed Name of Person Mailing Correspondence</p> </div>			
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PATENTCERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Wanda J. Lawrence
(signature)

Wanda J. Lawrence
(name of person signing certificate)

Date: 04-28-06 No. of Pages: 10 (including transmissions)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Wayne T. Mansell et al.)	Group Art Unit: 3661
)	
Serial No.: 10/691,477)	Examiner: D. Tran
)	
Filed: October 22, 2003)	Attorney Docket: 1-24390
)	
For: Personal Mobility Vehicle Control)	
System With Input Functions)	
Programmably Mapped to Output)	
Functions)	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Honorable Sir:

Responsive to the Official Letter, dated March 24, 2006, please amend the above-identified application as indicated on the following pages and charge Deposit Account 13-0005 for any fees that may be required by the filing of this paper.